

# Foster Family Home - Corrective Action Report

Provider ID: 1-558992

Home Name: Ferdinia Bueno, CNA

94-1086 Puloku Street

Waipahu

HI 96797

Review ID: 1-558992-5

Reviewer: David Ayling

Begin Date: 1/30/2019

## Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/30/19. Currently has no clients. Corrective Action Report issued during home visit with all items due to CTA by 3/1/19.

6.(d)(1) - see applicable sections of the review

## Foster Family Home

### Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - 2nd year APS/CAN and fingerprints not done for CG #3. Expired on 8/15/18.

## Foster Family Home

### Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7), 41.(f)(1) - No current TB Clearance for CG #3 and HHM #2. Expired on 8/19/18.

41.(b)(8) - No current CPR and First Aid and Blood Borne Pathogen certification for CG #1 and CG #3. Expired on 10/5/18.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Ferdinia T. Bueno

CCFFH Address: 94-1086 Puloku St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2) 41.(b)(7) 41.(b)(8) 41.(f)(1)	I have received a current APS/ CAN and fingerprints from CG #3 and placed in my CTA binder. I have received all TB's, CPR, First Aid, and blood borne pathogen certificates from all CG's and HHM's. I have placed them in my CTA binder.	2/11/19	I made a list of the expiration dates for TB, APS/CAN, finger- prints, CPR, First Aid and Blood Borne Pathogens for all CG's and HHM's and placed in the front of my CTA binder. I will review it monthly.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Ferdinia T. Bueno

Date of Signature: 2/20/19